

Hassle Log

Name: _____

Date: _____

- A. When did this happen? ☐ Morning ☐ Afternoon ☐ Evening
- B. Where were you?
- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> School | <input type="checkbox"/> Home | <input type="checkbox"/> Friend's House |
| <input type="checkbox"/> At Work | <input type="checkbox"/> Mall | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Street | <input type="checkbox"/> Another's House | <input type="checkbox"/> Other _____ |
- C. What happened?
- | | |
|---|---|
| <input type="checkbox"/> Somebody teased me | <input type="checkbox"/> I did something wrong |
| <input type="checkbox"/> Somebody took something of mine | <input type="checkbox"/> Somebody started a fight with me |
| <input type="checkbox"/> Somebody told me to do something | <input type="checkbox"/> Somebody was bothering one of my friends |
| <input type="checkbox"/> Somebody was doing something I didn't like | <input type="checkbox"/> Other: _____ |
- D. Who was that somebody?
- | | | |
|---|---|--|
| <input type="checkbox"/> Friend/Associate | <input type="checkbox"/> Parent | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> An adult authority | <input type="checkbox"/> Stranger | <input type="checkbox"/> Another youth |
| <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Step-parent/Guardian | <input type="checkbox"/> Other: _____ |
- E. What did you do?
- | | | |
|---|--|---|
| <input type="checkbox"/> Hit back | <input type="checkbox"/> Broke something | <input type="checkbox"/> Told peer |
| <input type="checkbox"/> Ran away | <input type="checkbox"/> Was restrained | <input type="checkbox"/> Ignored other person |
| <input type="checkbox"/> Yelled | <input type="checkbox"/> Told parent | <input type="checkbox"/> Cried |
| <input type="checkbox"/> Used profanity | <input type="checkbox"/> Used sarcasm | <input type="checkbox"/> Used Anger Control |
| <input type="checkbox"/> Other: _____ | | |
- F. How did you handle yourself?
- | | | | | |
|---------------------------------|-----------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Poorly | <input type="checkbox"/> Not well | <input type="checkbox"/> Okay | <input type="checkbox"/> Good | <input type="checkbox"/> Great |
|---------------------------------|-----------------------------------|-------------------------------|-------------------------------|--------------------------------|
- G. How angry were you?
- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Burning | <input type="checkbox"/> Really angry | <input type="checkbox"/> Moderately angry |
| <input type="checkbox"/> Mildly angry | <input type="checkbox"/> Not angry at all | |

Anger Control Concepts Involved in This Hassle:

- | | |
|-----------------------|-------------------------|
| 1. External trigger: | 5. My reminders: |
| 2. Internal trigger: | 6. How I thought ahead: |
| 3. My Cues: | 7. My self-evaluation: |
| 4. My Anger Reducers: | |

Notes: